



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

RESPONSE AND NOTIFICATION OF AUTHORITIES IN THE EVENT OF A SERIOUS EMERGENCY

Effective Date: May 2, 2005

Policy #: ER-04

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Emergencies referred to in this policy shall include but are not limited to: Unusual or unnatural death, serious injury, rape, assault, suicide, homicide, suspected arson or other felony.

I. PURPOSE:

- A. To provide a plan of action in the event of a serious emergency.
- B. To identify circumstances under which incidents occurring at Montana State Hospital (MSH) will be reported to the Anaconda-Deer Lodge County (ADLC) Police Department for possible criminal investigation and to identify reporting procedures.

II. POLICY:

- A. Montana State Hospital will follow this policy/procedure in providing for the safety and welfare of the victim, safeguarding the crime scene area to protect physical evidence, and ensuring timely notification of, and cooperation with law enforcement authorities.
- B. Information regarding incidents where a criminal offense may have occurred involving MSH staff, patients, visitors, or property will be reported to ADLC law enforcement.
- C. MSH personnel will cooperate with law enforcement investigations by providing necessary information sought by investigators in a manner consistent with Montana Law. Disclosure of patient records will occur only as allowed under the Healthcare Information Act. It is recognized that some communications between patients and therapists may be privileged communications and may not be disclosed except with the patient's consent. The hospital's reporting procedure is not intended to restrict or prohibit any individual employee or patient from reporting information to law enforcement agencies.

III. DEFINITIONS:

- A. Serious Emergency: An event that may result in the request for investigation by ADLC law enforcement officers (i.e; homicide, suicide, allegation of rape, suspected arson, illegal drugs found on campus).

IV. RESPONSIBILITIES:

- A. Employees who witness or have information concerning a serious incident are to take appropriate action immediately and notify their supervisor. The employee is also responsible for filling out an incident report or other appropriate documentation for their supervisor's review and signature before the end of their shift.
- B. Supervisors are responsible for reporting serious incidents to the unit physician or the physician on call, ADLC law enforcement, hospital security, the Hospital Administrator, the Medical Director, the Director of Nursing or their designees, and the Treatment Team Leader. In the event of serious injury the unit physician, Medical Director, and Director of Nursing must be notified. Supervisors are responsible for reviewing the incident report(s) for accuracy and completeness, signing the report and forwarding it to the Safety Officer within 24 hours or the next business day if the incident occurs on a weekend or holiday.
- C. The Safety Officer is responsible for working with the Director of Human Resources, the Director of Quality Improvement and Public Relations, and the Director of Nursing to initiate an investigation, as appropriate.
- D. The Medical Director is responsible for initiating a death review.
- E. The Director of Quality Improvement and Public Relations and the Hospital Administrator are responsible for contact with the media.
- F. Notification of the victim's next of kin or legal guardian will be made as soon as possible following initial intervention by the person designated by the Hospital Administrator. Notification must be made with compassion, caring, and understanding of the feelings of the recipient.
- G. All personnel must strive to preserve the crime scene and protect any physical evidence.
- H. Law enforcement personnel will be in charge of and totally responsible for the investigation. Hospital staff members will cooperate fully with investigating law enforcement officials. Any procedural questions should be referred to the Hospital Administrator or his designee.

V. PROCEDURE: The first responsibility of the hospital is to take all necessary medical steps to save the victim's life. **When advanced life support is required, Med Clinic, the doctor on call, and 911 must be called immediately.**

- A. When a serious a serious incident occurs at Montana State Hospital, the incident will be reported to ADLC law enforcement. Types of incidents that will be reported include, but are not limited to:

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1. Unusual or unnatural death of a patient;
 2. Death of a visitor or staff member;
 3. Serious injuries resulting from an assault or altercation between two or more individuals;
 4. Assaults involving the use of weapons;
 5. Possession or sale of illegal drugs or drug paraphernalia;
 6. Reports of sexual assault;
 7. Theft of property or money where the value exceeds \$100.00;
 8. Vandalism or destruction of property where the value exceeds \$100.00;
 9. Fires of a suspicious nature;
 10. Other incidents that may constitute a felony.
- B. Incidents may be reported by contacting the ADLC dispatcher or by contacting the Chief of Police or a detective directly. The telephone number is 563-5241.
- C. As a guideline, the following information should be provided to the police at the time an incident is reported:
1. Description of the incident
 2. Date and time of the incident
 3. Names of patients, visitors, or staff involved
 4. Names of witnesses (include address and phone number if not a MSH patient or staff)
 5. Brief information regarding the type and reasons for commitment of any patient involved as well as brief information regarding mental status
 6. Description of actions the hospital is taking to investigate the incident
 7. Status of evidence that may be needed for the investigation
 8. Statements from staff and copies of incident reports will be provided upon request
- D. ADLC law enforcement may request a recommendation from the hospital as to whether criminal charges should be pursued against a hospital patient, visitor or staff member. When the incident involves possible charges against a patient, a report will be completed and forwarded to the Chief of Police and ADLC County Attorney within five (5) days of the request addressing the patient's mental condition at the time of the incident and a recommendation regarding prosecution. This is intended to be a brief report and does not constitute an evaluation of mental competency under 46-14-202 or 206 M.C.A. The decision to prosecute ultimately rests with the County Attorney.
- E. An incident report must be completed by the individual witnessing the incident. The report must be reviewed and signed by the Supervisor. The incident report should note the date and time of the incident.

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- F. Reporting any incident does not preclude the hospital from conducting its own internal and simultaneous investigation. To the extent possible, the hospital administration shall coordinate its investigation procedures with those of ADLC law enforcement. MSH will not delay investigation should a delay occur with ADLC law enforcement.
- G. The supervisor must ensure the unit physician or physician on call is notified in the event of a medical emergency.
- H. The victim may be moved to provide emergency medical care if adequate care cannot be provided at the scene. If it is necessary to move the victim, detailed documentation must be completed to include: Date, time, location in which victim was found, position and condition of victim when found, reason for moving the victim and location to which victim was moved.
- I. If the victim is pronounced dead by a physician at either the scene of the incident or site of emergency treatment, the body is not to be moved or disturbed in any way. All patients and personnel must be kept away from the body. The crime scene must be preserved. In the event of a death at the Hospital refer to policy PH-01 "Death and Autopsy."
- J. If rape is suspected, a physician must examine both victim and suspect as soon as can be arranged. The "rape kit" is available in the Med Clinic area. If rape is suspected or alleged refer to Policy ER-01 "Allegation of Rape."
- K. Every effort must be made to preserve the crime scene and to preserve physical evidence.
 - 1. Physically isolate the area. This can be accomplished by locking doors to the area, roping off the area, screening the area, or stationing staff around the perimeter of area. Keep all unauthorized persons away from the crime scene. Patients should be immediately moved from the area.
 - 2. Evidence (i.e., weapons, drugs) must be protected from accidental alteration from the time it is discovered until it is turned over to law enforcement officers. Do not touch or move anything.
 - 3. If there is no immediate danger to others and the crime scene area can be isolated, physical evidence should not be moved from the area.
 - 4. If physical evidence must be moved to prevent risk to others, the number of persons who handle it must be kept to a minimum. The Nurse Supervisor must authorize the moving of any evidence. Photographs of the evidence must be taken before it is moved. Removal of evidence from the crime scene must be documented in detail, to include: date, time, place evidence found, circumstances

of recovery, description of item recovered, name(s) of person(s) removing evidence and to whom it was given.

5. Evidence must be carefully handled to avoid destroying any clues or fingerprints. Before touching the object, protect the area to be handled with cloth or tissue. Avoid handling in commonly held areas (i.e.; the handle of knife or gun). Evidence must be placed in a suitable container such as an envelope, plastic sack, or box. NOTE: Blood stained items should not be placed in a plastic bag.
6. Maintain evidence under secure conditions until it is given to ADLC law enforcement. A receipt must be completed indicating all evidence turned over to law enforcement authorities and signed by the person releasing evidence, person receiving evidence, and one witness to the transaction.
7. To preserve evidence do not cut the victim's clothing unless it is necessary to provide emergency medical care. If cutting is a life-saving necessity, try to avoid tearing or cutting through the entry site of a bullet, knife, or other similar instrument.
8. Always save the victim's clothing for the coroner or investigating officers. Clothing should be handled as little as possible and placed in a plastic bag (if not blood stained or wet), or placed in a clean sheet.
9. In cases of attempted or actual suicide by hanging do not cut through knots on the rope or electrical cord used. Cut carefully above or below knots and indicate in documentation the exact location and position of the device used in the suicidal gesture. Lower the patient to a prone position and immediately begin resuscitation procedures.

VI. REFERENCES: None

VII. COLLABORATED WITH: Director of Nursing Services, Medical Director, Hospital Administrator, Director of Quality Improvement and Public Relations.

VIII. RESCISSIONS: #ER-04, *Response and Notification of Authorities in the Event of a Serious Emergency* dated January 28, 2002; ER-04, *Response and Notification of Authorities in the Event of a Serious Emergency* dated July 13, 2001; H.O.P.P. #5-OE.080884, *Response to Serious Emergency* dated 9/28/96; #ADM-09, *Reporting Incidents to Law Enforcement* dated May 22, 2001; H.O.P.P. ADM-05-97-N, *Reporting to Law Enforcement* dated July 1997.

IX. DISTRIBUTION: All hospital policy manuals, Team Leaders, Nurse Supervisors

X. REVIEW AND REISSUE DATE: April 2008

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XII. ATTACHMENTS: None